

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-043012**

**AMENDED**

VS 300  
Rev. 4/59

15117

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2260 X

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**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

## INSTEAD OF

### SHOULD READ

ITEM NO.

**DOCUMENT**

BY AFFIDAVIT OF 21

21 **O. W. D. Craig** MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Methodist Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1021 1/2 South 17th</b>	
3. NAME OF DECEASED (Type or print) First <b>VENA</b> Middle <b>E.</b> Last <b>WILLIAMS</b>		4. DATE OF DEATH Month <b>November</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-2-1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>
13a. FATHER'S NAME <b>Richard Hooper</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Overlay</b>	14. NAME OF HUSBAND OR WIFE <b>Lyle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Gladys Hooper</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Septicemia</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Infection in stump of right leg</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
DUE TO (c) <b>Diabetes</b>		<b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10/8/63</b> Month, Day, Year a.m. <b>1:35</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo.</b>		
21. I attended the deceased from <b>10/8/63</b> to <b>11/25/63</b> and last saw her <b>11/21/63</b>		22. ADDRESS <b>SOCIAL WELFARE BOARD</b>	
22a. SIGNATURE <b>Wm W. Henry MD</b>		22c. DATE SIGNED <b>11/26/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-27-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Joseph, Mo.</b>
24. FUNERAL DIRECTOR <b>H. O. Sidenfaden &amp; Son</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 27, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>		27. ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

11-27-63

Permit issued 11-27-63

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H. Geph  
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11-27-63

Initial

St. Joseph, Mo.